09260

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-a

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Near Royal Oak, Rural.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Near Royal Oak, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Alfonso Boley

3. (b) Social Security Number —

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Clara Benson, dec'd

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22. 1858

8. AGE: Years 80 Months 9 Days 3 If less than one day hrs. min.

9. Birthplace Michigan
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name not known
13. Birthplace unk.

MOTHER
14. Maiden name Armenia Hall.
15. Birthplace Canonada

16. Informant Mrs Albert Hall.
Address Royal Oak, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 27. 1939. (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery.

Location Easton Md

18. Funeral director James A. Spence
Address Easton. Md.

19. 9/26 1939 N. H. Neiries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 25 Sept. 1939, at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17 March 1939, to 25 Sept. 1939, and that I last saw him alive on 24 Sept 1939.

Immediate cause of death	DURATION
Valvular disease chronic cardiac	6 mo 8 d
Due to —	
Due to —	
Other conditions arterial sclerosis general	cannot state

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE C. L. Perkins M.D.
M. D. or other

Address Royal Oak Md Date signed 9/26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(157)

09261

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 Days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Philip Bell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 24, 1939

8. AGE: Years | Months | Days 2 | If less than one day hrs. min.

9. Birthplace Easton, Talbot, Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Roy Dobison Bell

13. Birthplace Easton, Md.

MOTHER 14. Maiden name Anna Marie Pastorfield

15. Birthplace Royal Oak, Md.

16. Informant Mr. Roy Dobison Bell

Address Easton, Maryland

17. Burial Date thereof 9/26/39

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Private Lawn

Location Royal Oak

18. Funeral director Roby D. Ball

Address Easton Md

19. 9/26 1939 M. H. Merrin

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26 1939, at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 24 1939 to Sept. 26 1939. and that I last saw h alive on Sept. 26 1939.

	DURATION
Immediate cause of death	
Due to Prematurity	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. C. Newman M. D. or other

Address Easton, Md. Date signed 9/26/39

RECEIVED
OCT 6 1939
BUREAU V. S.

Dr Cox 69262

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95E)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot.

City or town Easton. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4½ yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot.

City or town Easton. Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3(a) FULL NAME Chas. Addison Callahan

3. (b) Social Security Number

4. Sex M.

5. Color or race W.

6.(a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Sarah E. Callahan.

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) May 6th 1868.

8. AGE: Years 71 Months 4 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation Carpenter.

11. Industry or business

FATHER
12. Name not known.
13. Birthplace Md.

MOTHER
14. Maiden name not known.
15. Birthplace Md.

16. Informant Herald G. Callahan.
Address Easton. Md.

17. Burial.
(Burial, cremation, or removal. Which?)
Date thereof Sept. 13, 1939.
(month) (day) (year)

Cemetery or crematory Spring Hill.

Location Easton. Md.

18. Funeral director James A. Spence
Address Easton. Md.

19. 9/12 1939 N. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 1939, at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935, to 9-11- 1939, and that I last saw him alive on 9-11- 1939.

Immediate cause of death	DURATION
Acute Dilatation of Heart	9-11-39
Due to Auricula Fibrillation	4 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other

Address Easton Md. Date signed 9-12-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-2)

09263

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: St. Michaels
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 years, 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Edna Killen Dodson

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Richard S. Dodson
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): May 16 1889
8. AGE: Years: 50 Months: 4 Days: 6 If less than one day: hrs. min.
9. Birthplace: Talbot Co. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Peter Killen
13. Birthplace: Delaware
MOTHER 14. Maiden name: Verma Adkinson
15. Birthplace: Queen Annes Co. Md.
16. Informant: Richard S. Dodson
Address: St. Michaels, Md.
17. Balto Md (Burial, cremation, or removal. Which?) Date thereof: Sept 26/1939 (month) (day) (year)
Cemetery or crematory: Greenmount
Location: Baltimore Md
18. Funeral director: Newnam & Harrison
Address: St. Michaels, Md.
19. Sept 25 1939 (Date rec'd by registrar) John H. Wales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 22 1939, at 3:30 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1939 to Sept. 22 1939 and that I last saw her alive on Sept 22 1939

Immediate cause of death	DURATION
Carcinoma of ovary	about 5 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings: Carcinoma ovary
Of operations: General metastasis
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. H. Hoke M.D.
M. D. or other
Address: St. Michaels Date signed: 9/23/39

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93C)

09264

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 212 South St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 212 South St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Nannie Frost

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Samuel Frost
✓ 6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.): Oct 1866

8. AGE: Years 72 Months " Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace: Easton, Talbot Co Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: ✓
FATHER 12. Name: Richard Mooney
13. Birthplace: Md
MOTHER 14. Maiden name: Frances Bidgell
15. Birthplace: Md
16. Informant: Frank Frost
Address: Easton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/2/39 (month) (day) (year)
Cemetery or crematory: Richards
Location: Easton Md
18. Funeral director: James A. Spencer
Address: Easton Md
19. 9/30 1939 (Date rec'd by registrar) N.H. Nevin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1939, at 2 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2, 1938, to Sept. 28 1939, and that I last saw him alive on Sept. 28 1939.
Immediate cause of death: Chronic Myocarditis — DURATION: 2 years
Due to: on work
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE Hayward T. Webb M.D.
M. D. or other
Address Easton, Md Date signed 9/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

09265

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 17 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Goldsboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Lou Henry

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Roe Henry

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 27, 1887

8. AGE: Years 52 | Months 4 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation H. W.

11. Industry or business

FATHER 12. Name James Johnson

13. Birthplace Md.

MOTHER 14. Maiden name Carrie Sparks

15. Birthplace Md.

16. Informant Milton Henry

Address Goldsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/9/39 (month) (day) (year)

Cemetery or crematory Union Cemetery

Location

18. Funeral director R. B. Rawlings

Address Greensboro Md.

19. 9/7 1939 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7 1939, at 7:30 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 21 1939, to Sept. 7 1939, and that I last saw her alive on 9-6- 1939.

Immediate cause of death: Cardio-vascular-renal disease

DURATION: 1 yr ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D. M. D. or other

Address Easton Md Date signed 9-7-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09266

107-a

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 3 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Clara Belle Howell

3.(b) Social Security Number

4. Sex: Female
5. Color or race: white
6.(a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 30, 1938
8. AGE: Years | Months 10 | Days 22 | If less than one day hrs. min.
9. Birthplace Easton, Talbot, Maryland (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Mr. Herbert Howell
13. Birthplace Easton, Maryland
MOTHER 14. Maiden name Miss Mary Collison
15. Birthplace Easton, Maryland
16. Informant Mr. Herbert Howell
Address Easton, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/25/39 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton Talbot Co Md
18. Funeral director Earl W Stafford
Address Easton Md
19. 9/23 1939 (Date rec'd by registrar) N.H. Neirie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1939, at 3:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/19 1939, to 9/22 1939, and that I last saw her alive on 9/22 1939.

Immediate cause of death	DURATION
~~Pneumonia~~ Bronchopneumonia	2 weeks
Due to Marasmus	6 mos
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker MD
M. D. or other
Address Easton Date signed 9-22-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT. 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (647)

09267

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Rural near Trappe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Entire life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot.
City or town Rural nr. Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR V

3. (a) FULL NAME Emma Edith Jenkins

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) ~~Single, married, widowed, or divorced~~

6 (b) Name of husband or ~~wife~~: George Lindley Jenkins
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Nov. 29 - 1868

8. AGE: Years 70 | Months 9 | Days 7 | If less than one day V hrs. V min.

9. Birthplace Trappe (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name William T. Seymour
13. Birthplace Dorchester Co., Md

MOTHER
14. Maiden name Mary Adeline Holmes
15. Birthplace Trappe Md

16. Informant Seymour Jenkins.
Address Near Trappe Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 7, 1931 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton Md
18. Funeral director Maurice E. Newnam & Son
Address Easton Md.

19. Sept 6 1931 (Date received by registrar) Josh A Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5th 1939, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1937 to Sept. 1939, and that I last saw h er alive on July 30th 1939

Immediate cause of death Exophthalmic Goiter — DURATION 2½ yrs.

Due to — DURATION

Due to — DURATION

Other conditions Valvular heart — DURATION 2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William T. Seymour M.D.
M. D. or other
Address Trappe Date signed Sept 6/39

RECEIVED
OCT 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09268

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address (Hospital, or Institution): Emergency Hospital
Stay in hospital or inst. (yrs., or mos. or days) 1 mos. 7 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Milton Frederick Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 12 - 1938

8. AGE: Years | Months 8 | Days 19 | If less than one day hrs. min.

9. Birthplace Trappe, Talbot, Maryland (Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Marion Williams Jones
13. Birthplace Easton, Maryland

MOTHER
14. Maiden name Dorothy Price Ewing
15. Birthplace Trappe, Md.

18. Informant Mrs. Dorothy Anna Ewing
Address Trappe, Maryland

17. Easton Burial (Burial, cremation, or removal. Which?) Date thereof 9/2/39 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Maryland

18. Funeral director Maurice E. Newman Son
Address Easton, Maryland

19. 9/2 (Date rec'd by registrar) 19 39 M. H. Meires Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 19 39, at 12:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 19 39 to Sept. 1 19 39
and that I last saw him alive on Sept. 1 19 39

	DURATION
Immediate cause of death Enteric - colitis	7 11 39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. G. M. D. or other
Address Easton Md. Date signed 9-2-39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

09269

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Harry Elwood Reininger

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widower

6 (b) Name of husband or wife Minnie L. Reininger
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 - 1876

8. AGE: Years 63 | Months 2 | Days 11 | If less than one day hrs. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual occupation Rural Carrier

11. Industry or business U.S. Post Office

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden name Eversole
15. Birthplace Unknown

16. Informant Mrs. Gilbert Johnson
Address Federalsburg, Md.

17. Burial Date thereof Sept 9, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ridgely, Md.
Location
18. Funeral director S. Vidgit Moore
Address Denton, Md.

19. 9/7 1939 N.H. Nevius
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6 1939, at 1:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-5- 1939, to 9-6- 1939 and that I last saw h- alive on 9-6- 1939.

	DURATION
Immediate cause of death Apoplexy	9-5-39
Due to arteriosclerosis	3 yrs ?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. E. Cox M. D.
M. D. or other
Address Easton Md Date signed 9-7-39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Hammond 09270

(59)

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot "Outside
City or town Rural near Easton Md. (near)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Rural, near Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Annie K. Roydhouse

3. (b) Social Security Number ✓

4. Sex F.
5. Color or race W.
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Geo. W. Roydhouse
Deceased 6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Aug 27, 1864
8. AGE: Years 75 Months 0 Days 10 If less than one day ____ hrs. ____ min.
9. Birthplace Talbot County Md.
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Wm F. Kemp.
13. Birthplace Md
MOTHER 14. Maiden name Margaret Ann Lowber.
15. Birthplace Del.
16. Informant Wm H. Kemp.
Address Easton. Md
17. Burial. Date thereof Sept. 9, 1939.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Third Haven.
Location Easton Md.
18. Funeral director James A. Spence REG.
Address Easton. Md.
19. 9/8 1939 N. H. Neeriss
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1939, at 2 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 6 1939, to Sept 6 1939, and that I last saw h Dr alive on Sept 6 1939.

	DURATION
Immediate cause of death Diabetic coma	24 hrs
Due to Diabetes	?
Due to	
Other conditions ✓	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ✓ Injured at work?

23. SIGNATURE William Hammond
M. D. or other
Address Easton Md Date signed 9-8-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr Lewis 09271

(119)

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot.

City or town Rural near Easton. Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yrs + 2 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town near Easton. Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME William Edward Rynes ans

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C.	Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1938

8. AGE: Years	Months	Days	If less than one day
1	0	2	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name James Rynes ans

13. Birthplace Md.

MOTHER 14. Maiden name Elizabeth Mooney.

15. Birthplace Md.

16. Informant Wm H. Mooney.

Address Easton. Md. R.D.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Sept. 28, '39 (month) (day) (year)

Cemetery or crematory Coopersville.

Location "

18. Funeral director James A. Spencer

Address Easton. Md.

19. 9/28/39 (Date rec'd by registrar) 19 N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26 1939, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 19 1939, to September 26 1939, and that I last saw him alive on September 25 1939.

Immediate cause of death Infantile Diarrhea

Due to Poor hygienic conditions and improper feedings

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

DURATION 7 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE P. P. Bhewes, M.D. M. D. or other

Address St Michaels Md Date signed 9 28 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to change name and date of birth see letter filed under Melty. 10/[illegible] 39.

RECEIVED
OCT 6 1939
BUREAU V. S.

09272

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52)

Dr Hammond 151

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Rural, Near Easton Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside" ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 77 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Rural Near Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME S. Harry Shannahan

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Elizabeth M. Shannahan, 8 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 5/14/62

8. AGE: Years 77 | Months 3 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace Easton, Talbot, Md
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Hardware

FATHER
12. Name J. H. F. Shannahan
13. Birthplace Talbot Co Md

MOTHER
14. Maiden name Jeannette Matthews
15. Birthplace Md

16. Informant E. McNeal Shannahan
Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/14/39 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md

18. Funeral director James A. Spence
Address Easton Md

19. 9/14 1939 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/12/39 19____, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1934, to 9-12- 1939, and that I last saw him alive on 9-12- 1939.

Immediate cause of death	DURATION
Metastatic carcinoma	6 mo
Due to Carcinoma of cheek	3 years
Due to	
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Squamous cell carcinoma
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ____
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ✓ Injured at work?

23. SIGNATURE Wellbaum Hammond M. D. or other
Address Easton Md Date signed 9-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 27 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-R)

09273

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Easton Emergency Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 40 days.

Stay in this community (yrs., or mos., or days) 40 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Church Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. C. Edgar Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Clara V. Smith

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 6, 1873

8. AGE:

Years	Months	Days	If less than one day
66	3	6	hrs. min.

9. Birthplace Church Hill, Md.
(Town, county, and state)

10. Usual occupation Clerk for County Commissioners

11. Industry or business

FATHER
12. Name Mr. C. Edgar Smith
13. Birthplace Church Hill, Md.

MOTHER
14. Maiden name Margaret Ann Crossley
15. Birthplace Maryland

16. Informant Mr. Charles E. Smith, Jr.
Address Church Hill, Md.

17. (Burial, ~~cremation, or removal~~ Which?) Date thereof 9-15-39 (month) (day) (year)

Cemetery or crematory

Location Church Hill, Md

18. Funeral director Wm. H. Goodwin E. Lane

Address Church Hill Md.

19. 9/14 1939 M. H. Nevitt
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1939, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 3 1939 to Sept. 12 1939, and that I last saw h alive on Sept. 12 1939.

	DURATION
Immediate cause of death Exhaustion	
Due to Carcinoma Stomach	
Due to	
Other conditions Hernia Inguinal	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE W. M. Palmer Todd M. D. or other

Address Easton Md. Date signed 9-14-39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(137)

09274

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 22 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg Md R.D. #2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME George Madison Towers

3.(b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6(b) Name ~~of husband~~ or wife Mollie Elizabeth Towers

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 1 - 1871

8. AGE: Years 68 Months 4 Days 24 If less than one day ____ hrs. ____ min.

9. Birthplace Delaware (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER 12. Name James Henry Towers

13. Birthplace Caroline Co. Md

MOTHER 14. Maiden name Elizabeth Dean

15. Birthplace Caroline Co. Md.

16. Informant Earl Madison Towers

Address Federalsburg, Md R.D. #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/28/39 (month) (day) (year)

Cemetery or crematory Hill Crest

Location Federalsburg Md

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. 9/26 1939 (Date rec'd by registrar) N. H. Neires Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 25 1939, at 12 48 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 3 1939, to Sept. 25 1939, and that I last saw him alive on Sept. 25 1939.

Immediate cause of death: Septicemia — DURATION: 1 week

Due to Hypertrophied Prostate — 6 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations (1) Prostatic Resection

(2) Incision & drainage of pelvic abscess

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M.D. M. D. or other

Address Easton, Md Date signed 9-25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

69275

Reg. Dist. No. 290

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 316 E Dover St.,

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Talbot County Md.

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emmanuel C. Trifillis

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Anna Leoronos

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8 1880.

8. AGE: Years	Months	Days	If less than one day
59	7	24	hrs. min.

9. Birthplace Cythera Greece (Town, county, and state)

10. Usual occupation Trader

11. Industry or business Store Keeping

FATHER 12. Name Constantine Trifillis

13. Birthplace Greece

MOTHER 14. Maiden name unknown

15. Birthplace Greece

16. Informant George Trifillis

Address Easton, Maryland.

17. Burial Date thereof Sept 4th 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Maryland.

18. Funeral director John R. Williams

Address Easton, Maryland.

19. 9-2 1939 W.B. Nevins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1939, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 13 1939, to Sept 1 1939, and that I last saw him alive on Sept 1 1939.

Immediate cause of death Angina Pectoris — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James B. Merrick M.D.

M. D. or Other

Address Easton Md. Date signed 9/2 39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09276

Reg. Dist. No. 29

1. PLACE OF DEATH:
County Talbot
City or town Trappe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ella Parsons Welsh

3. (b) Social Security Number

4. Sex Fem
5. Color or race White
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Albert Eugene Welsh
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) August 26-1855
8. AGE: Years 84 Months 0 Days 8 If less than one day ✓ hrs. ✓ min.
9. Birthplace Near Royal Oak Md (Town, county, and state)
10. Usual occupation Housewife (retired)
11. Industry or business
FATHER 12. Name Thomas Parsons
13. Birthplace Maryland
MOTHER 14. Maiden name Susan Ann Benson
15. Birthplace Talbot Co. Md
16. Informant Mrs Joseph A Ross
Address Trappe Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 4-39 (month) (day) ~~(year)~~
Cemetery or crematory Spring Hill Cemetery
Location Easton Md
18. Funeral director Maurice E Newnam Son
Address Easton Md
19. Sept 4. 1939 (Date rec'd by registrar) Joseph A Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3rd 1939, at 7.50 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936, to Sept 3rd 1939, and that I last saw her alive on Sept 2d 1939.
Immediate cause of death Senility
Due to Death was due to senility. C.W.G.R. There was no other cause.
Due to No more obtainable
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE Joseph A Ross MD M. D. or other
Address Trappe Md Date signed Sept 4, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09277

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 26
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Preston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles A. Whiteley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1855

8. AGE: Years 84 | Months 5 | Days 24 | If less than one day hrs. min.

9. Birthplace Preston Md.
(Town, county, and state)

10. Usual occupation Retired Farmer.

11. Industry or business

FATHER 12. Name Alex. Whiteley
13. Birthplace Preston Md.

MOTHER 14. Maiden name Celia Connelly
15. Birthplace Federalsburg Md

16. Informant Celia Kelley
Address Preston Md

17. Burial Date thereof 9/29/39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Preston
Location Preston Md

18. Funeral director W. W. Hallis & Son
Address Preston, Md.

19. 9/27/1939 (Date rec'd by registrar) M. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 1939, at 12 48 A. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 1 1939 to Sept 27 1939, and that I last saw him alive on Sept 27 1939

Immediate cause of death	OURATION
(a) Chronic Myocarditis	?
Due to (c) Urinary Obstruction	
Due to Hypertrophied Prostate	6 months
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations Benign Prostatic Hypertrophy
Ot autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. E. Cox M.D.
M. D. or other
Address Easton Md Date signed 9-29-39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

09278

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot.

City or town near Easton "Outside"

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Rural Near Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ←

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ←

3. (a) FULL NAME Edward Lloyd Winder.

3. (b) Social Security Number ←

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married.

6 (b) Name of husband or wife Mary Dorsey Winder

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 4, 1858

8. AGE:

Years	Months	Days	If less than one day
81.	3	4	____hrs. ____min.

9. Birthplace Wye House, Talbot County, Md.

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER — 12. Name Chas. S. Winder.

13. Birthplace Md.

MOTHER — 14. Maiden name Alice Lloyd.

15. Birthplace Md.

16. Informant Mary Dorsey Winder.

Address Easton Md. R F

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Sept. 10, 1939 (month) (day) (year)

Cemetery or crematory Cemetery — Easton R.F.D.

Location near — Wye House.

18. Funeral director James A. Seymour

Address Easton, Md.

19. 9/8 (Date rec'd by registrar) 1939 N.H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 8th 1939, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1938, to Sept 8th 1939, and that I last saw him alive on August 15th 1939.

	DURATION
Immediate cause of death Cerebral Hemorrhage (apoplexy)	1/2 hour
Due to Arthritis Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William D. Seymour M. D. or other

Address Easton Md. Date signed Sept 8/39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 93-01

CERTIFICATE OF DEATH

09279

Reg. Dist. No.

1. PLACE OF DEATH:
County Talbot
City or town Oxford
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 1-6-21

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Oxford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Ida May Wright
3. (b) Social Security Number ✓

4. Sex Female
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Infant
6 (b) Name of husband or wife —
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) February 28 1938
8. AGE: Years 1 Months 6 Days 21 If less than one day ____ hrs. ____ min.
9. Birthplace Oxford Talbot Co - Md.
(Town, county, and state)
10. Usual occupation —
11. Industry or business
FATHER 12. Name Robert Smith
13. Birthplace Belvin Md
MOTHER 14. Maiden name Eleanor Wright
15. Birthplace Oxford Md
16. Informant Eleanor Wright
Address Oxford Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 20 1939 (month) (day) (year)
Cemetery or crematory Odd Fellows Nr. Oxford
Location Near Oxford Md
18. Funeral director Maurice E. Newnam & Son
Address Easton Md
19. Sept 20 1939 (Date rec'd by registrar) Jos H. Larson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 1939, at 5a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 17 1939 to Sept 19 1939, and that I last saw him alive on Sept. 19 1939.

Immediate cause of death Acute Myocarditis — DURATION 2 weeks
Due to Malnutrition
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Haymard T. J. Pdf M.D.
M. D. or other
Address Easton Md Date signed 9/19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09280

1930

1. PLACE OF DEATH

County Talbot Registration Dist. No. 291

Village or City Claiborne No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucrecia Wright If U. S. Veteran, specify WAR

(a) Residence: No. Claiborne Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John Wright

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crisfield, (State or country) Maryland

FATHER

13. NAME Thomas Tucker

14. BIRTHPLACE (city or town) Crisfield, (State or country) Maryland

MOTHER

15. MAIDEN NAME Jezia Smith

16. BIRTHPLACE (city or town) Pocomoke City (State or country) Maryland

17. INFORMANT Mary Bartlett

(Address) Claiborne, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Claiborne Date Sept. 27, 1939

19. UNDERTAKER J. Norman Marshall

(Address) St. Michaels, Maryland

20. FILED Sept. 26, 1939 John H. Wallace Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to Sept. 25, 1939

I last saw ~~him~~ her alive on Sept. 25, 1939; death is said to have occurred on the date stated above, at 5A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2/15/39
Other Contributary Causes of Importance:	
Same	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Hayward T. Kelly M. D.

(Address) Easton, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09281

(173)

1. PLACE OF DEATH

County "Outside" Talbot Registration Dist. No. 290

Village or City Ivytown, Easton R.D. Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Dawson Young If U. S. Veteran, specify WAR

(a) Residence: No. Ivytown, Easton R.D. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Mar-23-1892

7. AGE: Years 47 | Months 6 | Days — | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Talbot Co. Maryland

FATHER

13. NAME: Mordecai Young

14. BIRTHPLACE (city or town) (State or country): Ivytown Talbot Co. Md.

MOTHER

15. MAIDEN NAME: Martha Wiley

16. BIRTHPLACE (city or town) (State or country): Ivytown Talbot Co. Md.

17. INFORMANT (Address): Nellie M Russell Easton R.D. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Burial Ivytown Date: Sept 26 1939

19. UNDERTAKER (Address): John D Williams, Easton Md.

20. FILED: 9/25, 1939 N. H. Neevie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains, 19__

I last saw h__ alive on__, 19__; death is said to have occurred on the date stated above, at 2 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gunshot wound left chest - posterior axillary line

Date of onset: few minutes

Other Contributory Causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 9-23, 1939

Where did injury occur? Talbot County Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place

Manner of Injury: shot gun wound

Nature of Injury: " "

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Louis S Watts M. D.

(Address) Dep. Med. Ex. Easton Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN